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SEP 13 2004

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7590

06/17/2004

Trexler, Bushnell, Giangiorgi, Blackstone & Marr  
Floor 36  
105 West Adams Street  
Chicago, IL 60603

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Maria E. Kitz	(Depositor's name)
<i>Maria E. Kitz</i>	(Signature)
September 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/086,035	02/28/2002	Kenneth F. Ullenius	1085/38755/21	3985

TITLE OF INVENTION: RIBBON DRIVE AND TENSIONING SYSTEM FOR A PRINT AND APPLY ENGINE OR A PRINTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FEIGGINS, KRISTAL J	2861	347-219000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Trexler, Bushnell,  
Giangiorgi,  
Blackstone & Marr, LTD.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ZIH Corp.

Hamilton HMB BERMUDA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1495 (enclose an extra copy of this form).

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